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DATE $\frac{6/20/08}{}$	· · · · · · · · · · · · · · · · · · ·
TO SPE OF : ART UNIT	<u>/</u>
	rrection on Patent No.: 6927824
A response is requested with respect to the	e accompanying request for a certificate of correction.
Please complete this form and return w	ith file, within 7 days to:
	rrection Branch – South Tower – 9A22
If response is for an IFW, return to em MADRAS.	ployee (named below) via PUBSCofC Team in
With respect to the change(s) requested, co	orrecting Office and/or Applicant's errors, should the
patent read as shown in the certificate of correction (COCIN)? No new matter should be introduced, should the scope or meaning of the claims be changed.	
•	Valerie Jackson
Thank You For Your Assistance	Conficient of Control of Control
Thank tout of tout Assistance	Certificates of Correction Branch
The request for issuing the above-ide of the sport of the	
lote your decision on the appropriate box.	entified correction(s) is hereby:
lote your decision on the appropriate box. Approved	entified correction(s) is hereby: All changes apply.
□ Approved □ Approved in Part □ Denied	entified correction(s) is hereby: All changes apply. Specify below which changes do not apply.
□ Approved □ Approved in Part □ Denied	entified correction(s) is hereby: All changes apply. Specify below which changes do not apply.
□ Approved □ Approved in Part □ Denied	All changes apply. Specify below which changes do not apply. State the reasons for denial below.
□ Approved □ Approved in Part □ Denied	entified correction(s) is hereby: All changes apply. Specify below which changes do not apply.
□ Approved □ Approved in Part □ Denied	All changes apply. Specify below which changes do not apply. State the reasons for denial below.
□ Approved □ Approved in Part □ Denied	All changes apply. Specify below which changes do not apply. State the reasons for denial below.
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